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| APPLICATION NO. | FILING DATE | FILING DATE | | | TOR | ······ | ATTO | ATTORNEY DOCKET NO. | | | CONFIRMATION NO. | | |
| 09/852,433 | 52,433 05/09/2001 | | | Hemal V. Shah | 42390P10681 | | | 681 | 4979 | | | | |
| TITLE OF INVENTION | | | | | | | | | | | | | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | | PUBLICATION FEE I | DUE | PREV. PAID IS: | SUE FEE | | | | DATE DUE | | |
| nonprovisional | nonprovisional NO | | -00 | \$300 | | \$0 ' | | \$1700 | | 03/15/2007 | | | |
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| LY, ANH VU H 2616 | | | | 370-389000 | | | | | | | | | |
| Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Blakely, Sokoloff, Taylor & Zafman 1 | | | | | | | | | |
| 3. ASSIGNEE NAME A PLEASE NOTE: Uni recordation as set fort (A) NAME OF ASSIGNATION Intel Corpor | ess an assignee is ident h in 37 CFR 3.11. Comp JNEE | | | •• | he pa g an a CITY | atent. If an assi assignment. and STATE OF | | | elow, the do | cument l | us been filed for | | |
| Please check the appropr | iate assignee category or | categories (v | vill not be p | rinted on the patent): | | Individual 📈 | Corporati | on or other | private gro | up entity | Government | | |
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| | s SMALL ENTITY state | is. See 37 CF | | b. Applicant is no | | | | | | | | | |
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| Authorized Signature | <u> </u> | -42 | - Of | | | Date | <u>)/</u> | 9/2 | <u> </u> | | errorrensissississississe | | |
| Typed or printed name | Edwin H. 7 | aylor | | | | Registration | 1 No | 25,129 |) | | ****************************** | | |
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